

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014707

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Regist. District No. 362

Primary-Registration District No. 4531

Registrar's No. 23

FILED APR 8 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Warrenton		c. CITY OR TOWN 3 miles East of	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Katie Jane Home		d. STREET ADDRESS (If outside, give location) New Florence Mo.	
3. NAME OF DECEASED (Type or print) First Middle Last Margaret Annie Ritschard		4. DATE OF DEATH Month Day Year 4/3/63	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/1/73
9. AGE (last birthday) 90		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME Moritz Meyer		11b. MOTHER'S MAIDEN NAME Caroline Koppelman	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No.)		13. SOCIAL SECURITY NO. 10	
14. NAME OF HUSBAND OR WIFE Edward L. Ritschard		15. NAME OF HUSBAND OR WIFE Henry Ritschard New Florence Mo.	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, bilateral hypostatic Hypertensive Cardio-vascular renal disease Obesity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c):		INTERVAL BETWEEN ONSET AND DEATH 3 days unknown "	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 10-7-60 to 4-3-63 and last saw her on 4-2-63 Death occurred at 8:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) [Signature]		22b. ADDRESS Warrenton, Missouri	
22c. DATE SIGNED 5-5-63		23. LOCATION (City, town, or county) (State) Jonesburg, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/6/63	23c. NAME OF CEMETERY OR CREMATORY Jonesburg	
24. FUNERAL DIRECTOR C.A. HARDING		25. DATE RECD. BY LOCAL REG. APRIL 5, 1963	
26. REGISTRAR'S SIGNATURE [Signature]		27. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Carl A. Harding*

Licensed Embalmer No. 4115

P. O. Address Jonesburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.